

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 207982

FILED
May 07, 2009
Secretary of State

Entity Name: SCI FUNERAL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

7077 BONNEVAR RD #450
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

1929 ALLEN PKWY, 9TH FLOOR
TAX DEPT.
HOUSTON, TX 77019 US

New Mailing Address:

FEI Number: 59-0818059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOBLE, L. LONGINO
Address: 1929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: VP () Delete
Name: BRIGGS, CURTIS G
Address: 1929 ALLEN PKWY., 9TH FLOOR
City-St-Zip: HOUSTON, TX 77019

Title: T () Delete
Name: GRAJEK, KEVIN J
Address: 1929 ALLEN PKWY 9TH FL
City-St-Zip: HOUSTON, TX 77019

Title: S () Delete
Name: KEY, JANET
Address: 1929 ALLEN PKWY., 9TH FLOOR
City-St-Zip: HOUSTON, TX 77015

Title: D () Delete
Name: GARRETT, SUSAN L
Address: 1929 ALLEN PKWY., 9TH FLOOR
City-St-Zip: HOUSTON, TX 77019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JONES, MYRTLE L
Address: 1929 ALLEN PKWY 9TH FL
City-St-Zip: HOUSTON, TX 77019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTLE L. JONES

Electronic Signature of Signing Officer or Director

TREA

05/07/2009

_____ Date